**DOCKET 0074-497771** 

City

## DECLARATION, POWER OF ATTORNEY AND POWER TO INSPECT

As a below named inventor, I hereby declare:

hat my residence, post office address and citizenship are as stated below next to my name;

that I believe I am the original, first and sole inventor (if only one name is listed below) or an original and first inventor (if plural tors are named below) of the subject matter of this application which is entitled: SPRINGLESS TRAMPOLINE WITH NTP ASTING FIGE

CONTRASTING EDGE			, , , , , , , , , , , , , , , , , , , ,				
the specification of which  X was filed  and was amended by A	as <del>PCT Inter</del>	olicable] <del>rnational</del> /U.S. Appl	ication No.	f applicable); [o	- -1.		
is attached to this Dec		Attorney and Powe	r to Inspect;	applicable), [o	1,		
that I have revie amendment referred to ab		nd the contents of the	he above-identifie	d application, is	ncluding the clai	ms, as amended by an	
that I acknowled Rule 56(a) [37CFR§1.56(	lge my duty to disc a)].	close information w	hich is material to	the examinatio	n of this applica	tion in accordance with	
CLAIM UNDER 35 U.S. inventor's certificate listed date before that of the app	i below and have a	ilso identified below					
Prior Foreign Application(s)  Application No. Country  528908 New Zealand			<u>Filing Date</u> <u>Day-Mo-Year</u> 15 - 10 - 2003		Priority Claimed Yes - No Yes		
POWER OF ATTORNE with full power of substitutherewith: Vincent T. Pac	ution to prosecute	this application and	d to transact all b	usiness in the P			
POWER TO INSPECT: accredited representatives						delphia, PA or its dul	
SEND CORRESPONDE	NCE TO: CUST	OMER NUMBER	000110				
DIRECT INQUIRIES TO:		Vincent T. Pace		Tel.: 215-56	Tel.: 215-563-4100/Fax: 215-563-4044		
I hereby declare that all str believed to be true; and fu punishable by fine or impri may jeopardize the validit	rther that these sta isonment, or both,	tements were made under Section 1001	with the knowled of Title 18 of the l	ge that willful fa	alse statements a	nd the like so made are	
SOLE OR FIRST JO	INT INVENTOR		SECOND JOI	NT INVENTO	R (if any)		
Full Name KEITH First	VIVIAN A	LEXANDER Last	Full Name	First	Middle	Last	
Signature	2	<u></u>	Signature				
Date 11th Fe	bruay 20	04	Date				
Residence Christchur City Citizenship NE		ZEALAND Country	Residence	City	State	or Country	
Post Office Address:			Post Office Ad	ldress:			
65 Middleton Road,	Upper Riccarton						
					•		
Christchurch	N	EW ZEALAND					

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Country

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